STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

JUL 27 2017

I. Name of Lobbyist(s) Michael P. Donnelly			JELI / HAMPSHIRE DEPARTMENT OF STATE	
II. Name of lobbyist's partnership, firm or corporation, if any:				
Home School Legal Defens	se Association (HSL	DA)		
(Name of partnership	, firm or corporation)			
P.O. Box 3000	Purcellville		20132	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
() 540-338-5600	_ ()	e-mail mike@h	slda.org	
(Telephone)	(Fax)			
III. This statement covers: (Choose reportable expense transactions where the control of the coverage of the c			nay file a separate report for	
☐ All reportable transactions occurr	ing in the months prior to	the reporting date relative to	the following client:	
Home School Legal Defe	ense Association (H	SLDA)		
(Full Name of OR	Client as it appears on the Lo	bbyist Registration Form)		
☐ All reportable transactions by the unrelated to any particular client.	lobbyist (including the lob	byist's family), or the lobbying	ng firm listed below which are	
IV. Date of Report April 26, 2017 Reports cover: activity from date of registration to 3/31/17		July 26, 2017 [X activity from 4/1/17 to 6/30/1		
October 25, 2017		January 31, 2018 activity from 10/1/17 to 12/3	January 31, 2018	
V. There have been no fees rece If this box is checked, complete just to Concord, NH 03301				
VI. Check if additional reports are	attached:			
☐ If you have received fees or mad	e expenditures, you must f	le Addendum A– Fees and l	Expenses	
☐ If you have paid an honorarium of Expense Reimbursement	r reimbursed expenses, yo	u must file Addendum B – R	eport of Honorariums or	
☐ If you, your firm, or your family	has made political contribu	itions, you must file Addend	um C- Political Contributions	
Sworn Statement/Affirmation by L. I have read RSA 15, RSA 15-B, RSA and complete to the best of my know (Signature of lobbyjet) Michael P. Donnelly (Print Name of lobbyist)	14-C and RSA 664 and he	7-21-	. —	